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ABSTRACT

This paper describes the Home-Based Crisis Intervention (HBCI) program in New York and the effects that exposure to violence had on 36 participating children (ages 5-18), the training counselors received on violence issues, and strategies used as a result of efforts to address the effect of violence. The HBCI program provides short-term intensive in-home services to families with children who are at-risk of out-of-home placements. The intervention focuses on family strengths and needs, using a multifaceted approach that includes skills building, counseling, and the provision of concrete services. Of the 36 children, 87 percent reported witnessing someone being beaten up, 26 percent knew someone who was robbed, 23 percent knew someone who had been stabbed, and 31 percent knew someone who was shot at. Twenty-nine percent felt unsafe at school and 19 percent felt unsafe at home. Interventions included conducting a safety analysis of the home, implementing plans to reduce risks of dangers, promotion of future-oriented activities, and promotion of family activities. A case study is presented demonstrating how violence was interwoven in the life of one child. (CR)

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Addressing Children's Exposure to Violence in a Short-Term Crisis Intervention Program

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Introduction

The Bronx is a community plagued by chronic violence. In 1994 Bronx county was ranked first in New York State counties for violent crimes with 2,316 violent crimes per 100,000 people. In 1994 the Bronx had the highest murder rate of any New York State county (33/100,000) representing 20% of all the state's murder arrests. A story on the front page of the Bronx Daily News (Monday, September 11, 1995) indicated that only two Bronx elementary schools reported no weapons possession cases during the year and only one school reported no serious assaults on students at school. Another story that same day reported the confession of four Bronx teenagers arrested for the murder of a 19 year-old mother and a bystander at a local playground. The motive—a dispute stemming from a softball game two days earlier. While it is difficult to specifically quantify the impact of community violence, the behavioral consequences of children living in chronically violent communities has been widely documented and include difficulty concentrating, memory impairment, increased anxiety, aggressiveness, and uncaring behavior (Garbarino, 1995).

During the past four years the NYS Office of Mental Health has been conducting a study in the Bronx, NY comparing the effectiveness of three models of intensive in-home, emergency services as an alternative to hospitalization for children and adolescents experiencing psychiatric crisis. Two hundred and ninety-six eligible children were randomly assigned to one of the three models and received four to six weeks of services. While the support services available to families differed across the three program models (e.g., respite care, support groups, parent advocacy, etc.), each model provided families with intensive services (i.e., small caseload sizes ranging from 2 to 8 cases) that were available 24 hours a day, seven days a week and delivered in a family's home.

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This summary (a) summarizes the data collected from some of the children and adolescents in this study regarding their exposure to violence and its effect; (b) briefly describes the training, technical assistance, and case supervision counselors received focused on violence issues; (c) summarizes selected strategies that workers use as a result of these efforts to address the effect of violence; and (d) presents a case study demonstrating how violence was interwoven in the life of one child and her family.

Collection of Violence Data

Respondents - Children surveyed were among those children referred from a psychiatric emergency room to receive approximately four to six weeks of intensive in-home services as a result of a recent psychiatric emergency. The children ranged in age from 5 to 18, were living at home with their biological, foster, or adoptive families, and had experienced a psychiatric crisis that would have required hospitalization without the availability of intensive in-home services. As of January 1996, 36 children had been interviewed about their exposure to violence.

The ten counselors providing the intensive in-home services were interviewed in order to retrospectively obtain individual case information for the purpose of constructing a series of case studies.

Measures - During the regularly scheduled six month follow-up interview the children who received intensive in-home services were asked a series of questions regarding: (a) their exposure to violence, (b) how safe they felt in various settings, and (c) their knowledge of other children carrying weapons.

A semi-structured interview protocol was designed and used with counselors at the end of the study. The protocol focused on specific aspects of individual cases they had handled during the study with particular emphasis on violence issues.

Analysis - Descriptive statistics were used to report children's responses to the questions on violence. Case study methodologies were used to synthesize and summarize the counselor interviews.

Findings from Interviews with Children

To what extent are children exposed to violence?

Figure 1 summarizes the responses of the children to several questions regarding their personal experience with various types of violence. As shown in this figure, 87% percent of the children surveyed reported having witnessed someone being "beaten up" while 34% reported that they had been beaten up. Over one quarter of the children (26%) indicated

beaten up. Over one quarter of the children (26%) indicated knowing someone who was robbed while nearly one fifth of the children (19%) indicated having been robbed. Almost one quarter of the children (23%) knew of someone who had been stabbed while 3% reported having been stabbed themselves. Although none of the children interviewed had been shot at, nearly a third of the children (31%) knew someone who was shot at.

Do the children have friends who carry weapons?

Children were asked if they had friends who carried weapons. Approximately 40% of the children interviewed reported having friends who carry a knife. Nearly a quarter of the children (24%) reported having friends who carried a gun while 30% of the children had friends who carried some other type of weapons. The most popular among other weapons were razor blades and box cutters.

Where and with whom do children feel safe?

The children were asked several questions about how safe they felt in various places alone or with adults. These responses are summarized in Figure 2. As is shown in this figure, half of the children (50%) reported feeling unsafe on the streets by themselves. Forty percent felt unsafe at the movies, 29% unsafe at school, and 19% unsafe at home. Across all settings, children reported feeling safer when accompanied by an adult; however, 20% still felt unsafe on the streets even when they were with an adult.

Enhancing Counselors' & Case Managers' Abilities to Respond to Violence

Three activities were undertaken in an effort to enhance counselors' ability to respond to issues related to violence while working with children and their families. These activities included the provision of specialized training, technical assistance, and case supervision focused on violence issues.

Dr. Marsha Lewis from Edge Associates in Pittsburgh, PA conducted a two day training program entitled "Family Systems Theory as a Framework for Understanding Family Violence." This purpose of this training was to provide counselors and case managers with a conceptual framework grounded in family systems theory to better understand the dynamics of domestic violence and how to implement practical intervention strategies.

Dr. James Garbarino, Director of the Family Life Development Center at Cornell University, provided counselors with four days of technical assistance and case review. His focus with the counselors was on the negative consequences that trauma exerts on children and the development of strategies for dealing with these consequences.

Ms. Katherine Gordy-Levine, Coordinator of the Enhanced Home-Based Crisis Intervention program, provided case supervision for her staff on violence issues using a conceptual framework she developed that included three intervention levels: (a) providing support, which includes meeting concrete needs and addressing immediate safety issues as well as listening and affirming; (b) enhancing cognitive strategies through teaching skills (e.g., fear fighting, relaxation techniques) and coping strategies (e.g., developing planned responses to specific situations); and (c) the use of environmental modifications (e.g., removal of a family member, moving to a new apartment) or external options (e.g., medication).

Selected Strategies Counselors and Case Managers Use to Respond to Violence

As a result of the activities described above, the counselors employed a variety of strategies in response to the ongoing presence of community and domestic violence as part of the intensive in-home services they provided. Early in the intervention they conducted a safety analysis of the home environment examining various aspects of the home ranging from the adequacy of the door locks to the presence of possible weapons or dangerous implements in the home. Flexible service dollars could be used to purchase new locks or make necessary safety repairs. Plans were implemented with families to reduce the risks of other potential dangers in the home. During the intervention they promoted future-oriented activities with the child and family such as gardening, taking care of pets, and schooling to respond to the hopelessness that typically accompanies living in a community plagued with violence. Counselors and case managers also promoted greater participation in face-to-face family activities such as playing games to replace solitary activities such as watching television. As a therapeutic response, they often had children develop written journals to help them deal with their exposure to trauma.

The Story of Susan and Her Family

Susan (a pseudonym) was a 15 year-old Jamaican female with no prior history of mental health treatment. A former boyfriend and his friends broke into her family's apartment, burglarized it, and sexually assaulted Susan and her mother. In her attempt to escape and get help, Susan jumped from a second floor window, breaking both of her legs. Out of fear and anger stemming from this assault, Susan's mother refused to bring her home from the hospital.

Susan and her family were referred for intensive in-home services. First, the counselor met the family prior to Susan being released from the hospital and helped facilitate an agreement between Susan and her family that would allow her to come home. Flexible service dollars were used to repair the window and fix the door locks. The counselor

taught the family specific communication skills involving the use of "I statements" and "feeling statements" to improve communication among the family members and to reduce blaming. The counselor also explained the effects of trauma and taught them relaxation techniques to help them with the increased arousal they experienced in response to this event. The counselor helped the family plan fun activities together and referred them to victim services and a mental health clinic for ongoing support.

As a result of these efforts, Susan was able to remain at home with her family. According to the counselor, the number and quality of the interactions between Susan and her other family members also increased during the intervention. Finally, the family was linked to support services to continue to help them cope with the effects from the violent assault.

Summary and Discussion

In addition to the specific psychiatric needs of these children, for many, issues of violence have also been a persistent threat. Given this fact, the intervention provided to these children and their families has attempted to systematically address violence issues within the context of the provision of short-term intensive, in-home crisis services. Staff have received specialized training, technical assistance, and case supervision throughout the study in an effort to incorporate strategies that hopefully will begin to ameliorate some of the negative consequences associated with living in communities and households where violence is present.

The responses of the children interviewed indicate that many have witnessed or personally experienced violent acts. Many of the children report feeling unsafe when alone in their neighborhood, at school, and most disturbing, in their homes. While the presence of an adult helps promotes feelings of security for many children, for many others it does little to calm their fears. Their response—carry a weapon and provide one's own protection.

While the primary goal of the services provided as part of this study is to abate an existing psychiatric crisis thereby avoiding hospitalization, the need to place emphasis on reducing the myriad of stressors that impact these children and families has become increasingly evident during this study. We cannot specifically document the degree to which the increased emphasis placed on incorporating strategies for dealing with violence in this study has resulted in improved outcomes for children and their families; nevertheless, we do know that for Susan, her mother, father, and brother, the impact of violence was central to their family's crisis, and that the counselor's strategies allowed Susan to remain at home, while helping the family cope with the lingering and dramatic effects of the violence inflicted upon them.

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